

PART B - FEE(S) TRANSMITTAL

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7590 04/09/2008
 Harold V. Stotland
 Seyfarth Shaw
 42nd Floor
 55 East Monroe Street
 Chicago, IL 60603-5803



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Carolyn Wilson <i>Carolyn Wilson</i> July 2, 2008	(Depositor's name) (Signature) (Date)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/775,882	02/10/2004	Ying-Chien Lin	407500	1430

TITLE OF INVENTION: METHOD FOR TRANSMITTING FRAMES IN A WIRELESS LOCAL AREA NETWORK
 07/08/2008 TLUU22 00000007 10775882

01 FC:1501 1440.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	07/09/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
HARPER, KEVIN C	2616	370-315000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Seyfarth Shaw LLP</u> 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Infineon Technologies Taiwan Co., Ltd.

Hsinchu City, Taiwan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-1351 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Carolyn Wilson

Date July 2, 2008

Typed or printed name Harold V. Stotland

Registration No. 24,492

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